

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

ADDRESS (number and street) ▼

8403 Colesville Road

Suite 1550

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358812

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☒ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Meredith M. Graham

Signature of Treasurer

Meredith M. Graham

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
11 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		71414.71
(b) Cash on Hand at Beginning of Reporting Period.....	95599.59	
(c) Total Receipts (from Line 19)	9358.00	89390.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	104957.59	160805.69
7. Total Disbursements (from Line 31)	3327.03	59175.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	101630.56	101630.56
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	3

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9358.00	86390.98
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	9358.00	86390.98
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	9358.00	86390.98
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	9358.00	89390.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	9358.00	89390.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	227.03	24375.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	227.03	24375.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	34500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100.00	300.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3327.03	59175.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3327.03	59175.13

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9358.00	86390.98
34. Total Contribution Refunds (from Line 28(d))	100.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9258.00	86090.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	227.03	24375.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	227.03	24375.13

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Georgia Begnaud

Mailing Address 640 S. Park Road

City State Zip Code
 Benton Harbor MI 49022

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Lakeland Regional Medical Center

Occupation
 CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

11 / 05 / 2013

Transaction ID : SA11AI.8598

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Erin Biscone

Mailing Address 1913 Banks St.

City State Zip Code
 Houston TX 77098

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baylor College of Medicine

Occupation
 CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 02 / 2013

Transaction ID : SA11AI.8562

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Elaine Bishop

Mailing Address 2092 Ayers Ave.

City State Zip Code
 Akron OH 44313

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cleveland Clinic

Occupation
 CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

11 / 09 / 2013

Transaction ID : SA11AI.8571

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8598

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8562

|

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8571

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 79
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lone Bissonnette

Mailing Address 199 Coolidge Ave.
#115

City State Zip Code
Watertown MA 02472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harvard Vanguard Medical Associates

Occupation
Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : SA11AI.8559

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Deborah G. Bopp

Mailing Address 2043 Monroe Road

City State Zip Code
Port Angeles WA 98362

FEC ID number of contributing
federal political committee.

C

Name of Employer
Olympic Medical Center

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2013

Transaction ID : SA11AI.8592

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Cynthia Brown

Mailing Address 8927 Roosevelt Way NE

City State Zip Code
Seattle WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwife Seattle

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2013

Transaction ID : SA11AI.8578

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8559

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8592

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8578

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Joan Sykes Bryson

Mailing Address 1622 8th Avenue

City

Brooklyn

State

NY

Zip Code

11215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Midwifery

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2013			

Transaction ID : SA11AI.8574

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Jesse Bushman

Mailing Address 6265 Gentle lane

City

Alexandria

State

VA

Zip Code

22310

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

Director, A&G Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2013			

Transaction ID : SA11AI.8593

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Heather L Caudell

Mailing Address 4001 Long Prairie Rd # 150

City

Flower Mound

State

TX

Zip Code

75035

FEC ID number of contributing
federal political committee.

C

Name of Employer

OB GYN Associate

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2013			

Transaction ID : SA11AI.8622

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

535.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8574

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8593

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8622

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Shannon Cervenka

Mailing Address 1342 Opal Ave Apt B

City State Zip Code
Mentone CA 92359

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser

Occupation

Student Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

11 / 09 / 2013

Transaction ID : SA11AI.8603

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. CO Affiliate of ACNM

Mailing Address 9175 East 29th Place

City State Zip Code
Denver CO 80238

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

State Affiliate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

11 / 20 / 2013

Transaction ID : SA11AI.8608

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Erin Cole

Mailing Address 6233 S Oles Ln

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

11 / 02 / 2013

Transaction ID : SA11AI.8561

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8603

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8608

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8561

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 79
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Juanita Tiffany Coleman

Mailing Address 17818 N. 130th Ave.

City State Zip Code
 Sun City West AZ 85375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

CNM/Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 18 / 2013

Transaction ID : SA11AI.8606

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Susan Collins

Mailing Address 3006 Brisbane Drive

City State Zip Code
 Walla Walla WA 99362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adventist Health Medical Group

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 19 / 2013

Transaction ID : SA11AI.8583

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Gail Consoli

Mailing Address 106-22nd Drive

City State Zip Code
 Norfolk NE 68701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Health Partners

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 05 / 2013

Transaction ID : SA11AI.8566

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8606

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8583

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8566

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Consortium of TX CNM

Mailing Address P.O. Box 684664

City State Zip Code
Austin TX 78766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Consortium of TX CNM

Occupation

Consortium of TX CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 03 / 2013

Transaction ID : SA11AI.8600

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cecilia Cordova

Mailing Address 6215 Ravenna Ave. NE

City State Zip Code
Seattle WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

11 / 20 / 2013

Transaction ID : SA11AI.8587

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. CT Affiliate of ACNM

Mailing Address 11 Candlewood Rd.

City State Zip Code
Burlington CT 06013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliate

Occupation

Affiliate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 12 / 2013

Transaction ID : SA11AI.8602

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2050.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8600

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8587

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8602

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Laura Denman

Mailing Address 15206 24th ave sw

City

Burien

State

WA

Zip Code

98166

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Medical Center

Occupation

Nurse-Midwife

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2013

Transaction ID : SA11AI.8588

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Sandra D. Donover

Mailing Address 6129 Wayne Ave

City

Philadelphia

State

PA

Zip Code

19144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn OB/GYN & Midwifery Care

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	01	/	2013

Transaction ID : SA11AI.8626

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Kathy M Dunne

Mailing Address 5453 N Wayne Ave

City

Chicago

State

IL

Zip Code

60640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of IL CON

Occupation

Clinical Instructor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	30	/	2013

Transaction ID : SA11AI.8621

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8588

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8626

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8621

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 79
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Rose Fife

Mailing Address 428 N Linwood Beach Rd.

City State Zip Code
 Linwood MI 48634

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HDI OB-Gyn and Midwifery Services

Occupation
 CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

11 / 27 / 2013

Transaction ID : SA11AI.8595

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Talisyn Flagg

Mailing Address 8285 Annalisa Path

City State Zip Code
 Inver Grove Heights MN 55077

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Planned Parenthood of Minnesota

Occupation
 CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

11 / 11 / 2013

Transaction ID : SA11AI.8628

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. Anne Forcey

Mailing Address 536 Sunset Rd

City State Zip Code
 Waterloo IA 50701

FEC ID number of contributing
federal political committee.

C

Name of Employer
 OBGYN Specialists

Occupation
 CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

11 / 06 / 2013

Transaction ID : SA11AI.8568

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

245.00

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8595

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8628

|

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8568

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Helen Gabel

Mailing Address 22405 39th Ave SE

City	State	Zip Code
Bothell	WA	98021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Hospital

Occupation

Staff Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	19	/	2013

Transaction ID : SA11AI.8584

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Deborah GarberMailing Address 1056 Main St S
Apt 1

City	State	Zip Code
Woodbury	CT	06798

FEC ID number of contributing
federal political committee.

C

Name of Employer

Naugatuck Valley Women's Heal

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

162.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	01	/	2013

Transaction ID : SA11AI.8560

Amount of Each Receipt this Period

108.00

Full Name (Last, First, Middle Initial)

C. Emily Ghilarducci

Mailing Address 3109 N 27th St

City	State	Zip Code
Tacoma	WA	98407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tacoma Midwifery Service /GHC Puget Sd

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	30	/	2013

Transaction ID : SA11AI.8615

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

258.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8584

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Form/Schedule: SA11AI
Transaction ID: SA11AI.8560

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: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8615

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Deborah C Goldman

Mailing Address 315 Erie Ave

City
Seattle

State Zip Code
WA 98122

FEC ID number of contributing
federal political committee.

C

Name of Employer
UW Valley Midwives

Occupation
Student Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2013

Transaction ID : SA11AI.8611

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Susan Forester Goodall

Mailing Address 2448 Crane Dr. W.

City
Seattle

State Zip Code
WA 98199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sound Women's Care

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2013

Transaction ID : SA11AI.8610

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Michelle Grandy

Mailing Address 4026 224th Street SE
Apt. 7

City
Bothell

State Zip Code
WA 98021

FEC ID number of contributing
federal political committee.

C

Name of Employer
UW Medicine/Northwest Hospital

Occupation
CNM, ACNM BOD Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2013

Transaction ID : SA11AI.8614

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8611

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Form/Schedule: SA11AI
Transaction ID: SA11AI.8610

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8614

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 79

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jennifer Hamblett

Mailing Address 7745 9th Ave NW

City
SeattleState
WAZip Code
98117FEC ID number of contributing
federal political committee.

C

Name of Employer

EvergreenHealth

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2013

Transaction ID : SA11AI.8579

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Laura Hanna-Bergen

Mailing Address 4601 S. Banning Dr.

City
GilbertState
AZZip Code
85297FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Women For Women

Occupation

Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		05		2013

Transaction ID : SA11AI.8567

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Cheryl A. Hanna-Truscott

Mailing Address 3916 45th St Ct NW

City
Gig HarborState
WAZip Code
98335-8112FEC ID number of contributing
federal political committee.

C

Name of Employer

MB CAID

Occupation

CNM in reentry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		21		2013

Transaction ID : SA11AI.8590

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8579

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8567

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8590

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 79

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Dawn Heaberlin

Mailing Address 16607 580th Ave

City

State

Zip Code

Story City

IA

50248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

McFarland Clinic

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			04			2013					

Transaction ID : SA11AI.8565

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Jacqui Henrich

Mailing Address 717 Edison Avenue

City

State

Zip Code

Modesto

CA

95350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

The Permanente Medical Group

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			24			2013					

Transaction ID : SA11AI.8591

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Susan Hooper

Mailing Address 24450 Red Oak Road

City

State

Zip Code

Waynesville

MO

65583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

US Army

Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			07			2013					

Transaction ID : SA11AI.8570

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8565

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8591

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8570

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. IL Affiliate of ACNM

Mailing Address 4922 Seeley Avenue

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

State Affiliate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	3		

Transaction ID : SA11AI.8607

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Melissa Kitzman

Mailing Address 510 W. Rockwell St.

City

Fenton

State

MI

Zip Code

48430

FEC ID number of contributing
federal political committee.

C

Name of Employer

ReverenceHomeHealth&Hospice

Occupation

Corp.Coordinator&SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	/	3	0	/	2	0	1	3		

Transaction ID : SA11AI.8597

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Mary Lou Kopas

Mailing Address 10531 11th Avenue NE

City

Seattle

State

WA

Zip Code

98125-7505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Les Sages Femmes, LLC

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	/	3	0	/	2	0	1	3		

Transaction ID : SA11AI.8623

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8607

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8597

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8623

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. MA Affiliate of ACNM

Mailing Address 308 Old Bedford Rd.

City

Concord

State

MA

Zip Code

01742-2720

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

State Affiliate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2013

Transaction ID : SA11AI.8627

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Annette Manant

Mailing Address 64-667 Puu Puhu PI

City

Kamuela

State

HI

Zip Code

96743

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Hawaii Community Hospital

Occupation

CNM, Nurse Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2013

Transaction ID : SA11AI.8609

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Amy Marowitz

Mailing Address 4401 Wheeler Rd

City

Maple City

State

MI

Zip Code

49664

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frontier Nursing University

Occupation

Midwifery Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2013

Transaction ID : SA11AI.8563

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8627

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8609

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8563

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathleen Jones McWilliams

Mailing Address 193 Hobart Road

City

Newton Centre

State

MA

Zip Code

02459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Steward St Elizabeth's Med Ctr

Occupation

Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2013

Transaction ID : SA11AI.8589

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jacob M Mearse

Mailing Address 31 E Black Tail Dr

City

Shelton

State

WA

Zip Code

98584

FEC ID number of contributing
federal political committee.

C

Name of Employer

U.S. Navy

Occupation

RN/Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : SA11AI.8612

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Alexandra Dorette Michel

Mailing Address 3163 Shaw St.

City

Dupont

State

WA

Zip Code

98327-8763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Department of the Army

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2013

Transaction ID : SA11AI.8596

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8589

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8612

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8596

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Katrina Nardini

Mailing Address 307 Amherst Dr. SE

City

Albuquerque

State

NM

Zip Code

87106

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNM

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

11 / 13 / 2013

Transaction ID : SA11AI.8577

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Claire C. Nelson

Mailing Address 4723 Upton Avenue South

City

Minneapolis

State

MN

Zip Code

55410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hennepin County Medical Center

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 01 / 2013

Transaction ID : SA11AI.8624

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Judy Ann Nichols

Mailing Address P.O. Box 2198

City

Penn Valley

State

CA

Zip Code

95946-2198

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.8605

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8577

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8624

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8605

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 79
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Susan Nierenberg

Mailing Address 365 Edgewood Ave.

City State Zip Code
Teaneck NJ 07666-3024

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Regional Med. Cen

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2013

Transaction ID : SA11AI.8601

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Cathy Offutt

Mailing Address 13 River RD

City State Zip Code
S Royalston MA 01368

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Vincent Hospital

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : SA11AI.8558

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Sachiko Oshio

Mailing Address 11460 109th Ave NE

City State Zip Code
Kirkland WA 98033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Women's Health at Evergreen

Occupation
Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2013

Transaction ID : SA11AI.8581

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8601

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8558

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8581

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Heather Paar

Mailing Address 5955 42nd Ave SW

City
SeattleState
WAZip Code
98136FEC ID number of contributing
federal political committee.

C

Name of Employer

Swedish Midwifery and Women 's Health

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	30	/	2013

Transaction ID : SA11AI.8618

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Debra Phelps

Mailing Address 18717 22nd Dr SE

City
BothellState
WAZip Code
98012FEC ID number of contributing
federal political committee.

C

Name of Employer

Group Health

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	30	/	2013

Transaction ID : SA11AI.8616

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Holly Powers

Mailing Address 1720 Reserve Way

City
Ann ArborState
MIZip Code
48103FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	11	/	2013

Transaction ID : SA11AI.8576

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ▶

300.00

TOTAL This Period (last page this line number only)..... ▶

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8618

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Form/Schedule: SA11AI
Transaction ID: SA11AI.8616

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8576

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 79
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Ann Morton Russell

Mailing Address 4955 SW Forney Street

City State Zip Code
 Seattle WA 98116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Planned Parenthood

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 19 / 2013

Transaction ID : SA11AI.8582

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. Barbara Sellars

Mailing Address 80 Maiden Lane
 Suite 901

City State Zip Code
 New York NY 10038

FEC ID number of contributing
federal political committee.

C

Name of Employer

CBS Midwifery

Occupation

Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 11 / 2013

Transaction ID : SA11AI.8573

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Stephanie Silianoff

Mailing Address 555 Hidden Way

City State Zip Code
 Homer AK 99603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southcentral Foundation

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

11 / 11 / 2013

Transaction ID : SA11AI.8575

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

575.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8582

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8573

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8575

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Ann Stewart

Mailing Address 5929 N Bryant

City

Edmond

State

OK

Zip Code

73034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frontier Nursing University

Occupation

Regional Clinical Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

11 / 19 / 2013

Transaction ID : SA11AI.8604

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Robin B. Supplee

Mailing Address 10140 NE Roberts Rd.

City

Bainbridge Island

State

WA

Zip Code

98110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Planned Parenthood

Occupation

Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

11 / 01 / 2013

Transaction ID : SA11AI.8599

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Polly K Taylor

Mailing Address 312 18th Ave SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

WA State Dept. of Health

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

11 / 30 / 2013

Transaction ID : SA11AI.8613

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8604

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8599

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8613

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Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Nell Tharpe

Mailing Address PO Box 348

City

East BoothBay

State

ME

Zip Code

04544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maine CDC

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	30	/	2013

Transaction ID : SA11AI.8620

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Monica Viera

Mailing Address 330 California Ave., #104

City

Santa Monica

State

CA

Zip Code

90403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	19	/	2013

Transaction ID : SA11AI.8580

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Karen Watt

Mailing Address 850 Ed Hall Dr

City

Kaufman

State

TX

Zip Code

75142

FEC ID number of contributing
federal political committee.

C

Name of Employer

THR Presby. - Kaufman

Occupation

Lead Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	04	/	2013

Transaction ID : SA11AI.8564

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

325.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8620

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8580

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8564

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Margaret A. Wehrle

Mailing Address 604 Thomas St., NW

City
Olympia

State
WA

Zip Code
98502

FEC ID number of contributing
federal political committee.

C

Name of Employer

WA state DSHS

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

11 / 26 / 2013

Transaction ID : SA11AI.8594

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Stephanie Welsh

Mailing Address PO Box 60

City
Storrs

State
CT

Zip Code
06268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mansfield OB/GYN Assoc. PC

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

11 / 30 / 2013

Transaction ID : SA11AI.8619

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Susan Wenn

Mailing Address 6481 Oldbarn Ct

City
Cincinnati

State
OH

Zip Code
45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

TriHealth

Occupation

Certified Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

11 / 10 / 2013

Transaction ID : SA11AI.8572

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

265.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8594

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8619

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8572

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth G Whitaker

Mailing Address 3411 Look Road

City

Ellensburg

State

WA

Zip Code

98926-7303

FEC ID number of contributing
federal political committee.

C

Name of Employer

KittitasCountyPublicHealthDept

Occupation

Community Health Supervisor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	0		2	0	1	3		

Transaction ID : SA11AI.8586

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Judith Wrzesinski

Mailing Address 5120 Rotary Rd.

City

Cherry Valley

State

IL

Zip Code

61016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Home Born Health, Inc

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	1		2	0	1	3		

Transaction ID : SA11AI.8625

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Tessa Yates

Mailing Address 5045 Eastridge dr.

City

Wichita Falls

State

TX

Zip Code

76302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgetown University

Occupation

Student

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	7		2	0	1	3		

Transaction ID : SA11AI.8569

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8586

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8625

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8569

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 79
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Rachel A Zare

Mailing Address 850 NW 61st St

City
Seattle

State
WA

Zip Code
98107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Physician Group OBGYN

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2013

Transaction ID : SA11AI.8617

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Ruth Zielinski

Mailing Address 9251 East DE Avenue

City

Richland

State

MI

Zip Code

49083

FEC ID number of contributing
federal political committee.

C

Name of Employer

W.MI Univ/BorgessWomen'sHealth

Occupation

Professor/CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2013

Transaction ID : SA11AI.8585

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

9358.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.8617

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8585

|

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

A. Bank of America

Category/
Type

167.08

State: District:

B. Paypal INC

Category/
Type

59.95

State: District:

C.

Category/
Type

State: District:

227.03

227.03

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 79

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. HAGAN FOR US SENATE INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2013

Mailing Address PO BOX 29103

City	State	Zip Code
GREENSBORO	NC	27429

Transaction ID : SB23.8631Purpose of Disbursement
Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	Disbursement For: 2013
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NC District: 00	

Full Name (Last, First, Middle Initial)

B. LISA MURKOWSKI FOR US SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		22		2013

Mailing Address PO BOX 100847

City	State	Zip Code
ANCHORAGE	AK	99510

Transaction ID : SB23.8634Purpose of Disbursement
Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	Disbursement For: 2013
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: AK District: 00	

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR PATTY MURRAY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2013

Mailing Address PO BOX 3662

City	State	Zip Code
SEATTLE	WA	98124

Transaction ID : SB23.8632Purpose of Disbursement
Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	Disbursement For: 2013
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: WA District: 00	

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
3000.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

State: District:

Category/
Type

State: District:

Category/
Type

State: District:

100.00

100.00